CITY OF FLORENCE KENTUCKY®

REGISTRATION FORM

Class Date(s) Saturday, November 13, 2010

Student Name_____

Birth date_____ * M____ F____ Grade _____ Name student wants to be called in class: _____

**Student must be at least 11 years old.*

Parent/Guardian_____ Phone (Home)_____

Parent/Guardian Cell _____ Phone (Work)_____

Address _____ City: _____ State: ____ Zip:_____

Parent/Guardian Email |___|___|___|